

INSTRUCTIONS: Complete this application and return to:
ADF&G, Hunter Information & Training
333 Raspberry Road
Anchorage AK 99518-1599

ALASKA DEPARTMENT OF FISH AND GAME
Hunter Education Instructor Application

CIRCLE ONE
BASIC
BOWHUNTER
MUZZLELOADING

Name _____ Age _____ Date of Birth _____ SS# _____
(Last) (First) (Middle) (Month) (Day) (Year)

Address _____ City _____ State and Zip _____

Telephone _____ Permission to contact you at work _____ Occupation _____
(Home) (Work)

Name as you wish to have it appear on your instructor name tag: _____ E-Mail Address _____

Education Level: High School 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4 5 Other _____
(Circle highest grade completed)

Have you successfully completed a hunter education course? YES NO If yes, when and where _____
(Circle One) (If not Alaska, attach copy of certification card)

Have you ever been cited for a violation of state or federal wildlife laws? YES NO If yes, describe in detail on separate sheet.
(Circle One)

Have you ever been convicted of a misdemeanor or felony? YES NO If yes, describe in detail on separate sheet.
(Circle One)

Briefly describe any teaching or public speaking experience that you have. Use a separate sheet if necessary _____

List any qualifications, experience, special skills or club memberships pertinent to hunter education _____

If accepted as a volunteer instructor for the Department of Fish and Game, I agree to conduct classes and support the program in accordance with the policies and standards set forth in the program manual.

I certify that I have not committed a misdemeanor, felony, or crime of moral turpitude. I understand that I must furnish the Department of Fish and Game with a copy of my personal history background obtained from either Alaska State Troopers or the local police department. Any misrepresentation, false statements or acts of perjury will automatically result in my disqualification as an applicant. I also understand that it is the decision of the Department of Fish and Game to accept or reject my application or terminate my certification process at any time. By my Signature below I will accept the conditions set forth above and outlined in the program manual.

SIGNATURE _____ **DATE** _____